

OCT. 18, 2006 2:29PM 17325242808

NO. 1092 P. 1

TO: ISSUE FEE

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OCT 18 2006

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Shari Lipari	(Depositor's name)
Shari Lipari	(Signature)
10-18-2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/650,535	08/28/2003	David C. Yates	IND 053 DIV1/GSG	9035

TITLE OF INVENTION: SYSTEM AND METHOD OF MEASURING AND CONTROLLING TEMPERATURE OF OPTICAL FIBER TIP IN A LASER SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JAGAN, MIRELLYS	2859	374-161000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

ETHICON ENDO-SURGERY, INC.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cincinnati, OH

Recordal Date: 07/16/2001

Reel/Frame: 011993/1730

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(3).

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Authorized Signature

Melissa J. Szanto

Date

10/18/06

Typed or printed name

Melissa J. Szanto

Registration No.

40,834

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